



**McMaster
University
Medical Centre**

Genetic Counselling Inquiries 905-521-2100 ext 76247
Clinic Bookings 905-521-2100 ext 73135
Fax 905-521-4955

2F Prenatal Diagnosis Clinic
 1200 Main St. West, Hamilton ON L8N 3Z5

Physicians

B. DeFrance
 S. McDonald
 P. Mohide
 M. Morais
 S. Winsor

Genetic Counsellors

G. Cowing
 K. Gardiner
 M. Huggins
 N. McNamee
 S. Ruddle
 L. Wallace

Date of Referral: _____

Referring Health Care Provider Information

Name: _____ Provider number: _____
 Phone: _____ Fax: _____ Private line: _____
 Address: _____ Postal code: _____

Patient Information

Name: _____ Date of Birth: _____
 Health card number: _____ Age at EDC: _____
 Address: _____ Postal code: _____
 Home phone: _____ Alternate phone: _____
 LMP: _____ EDC: _____ Gestational age: _____
 Does patient need a translator? Yes / No Language: _____

Reason for Referral

- Screen Positive** (please specify and attach report): **FTS / IPS / MSS**
 - Down syndrome
 - Trisomy 18
 - Neural tube defect (NTD)
- Abnormal ultrasound findings** (please specify and attach report): _____

- Late maternal age** (please specify age at EDC): _____
 SOGC clinical practice guideline No. 261 does not recommend amniocentesis or CVS on the basis of maternal age alone. Consider offering FTS / IPS / MSS before referring for amniocentesis or CVS.
- Other** (please specify): _____

All referrals require the following prior to booking:

- Ultrasound report confirming a viable pregnancy
 - Antenatal record 1 and 2
- Please also include, if available:
- Prenatal bloodwork, including blood group and antibody screen
 - All ultrasound reports from current pregnancy
 - FTS, IPS or MSS report
 - Other related bloodwork, records or results